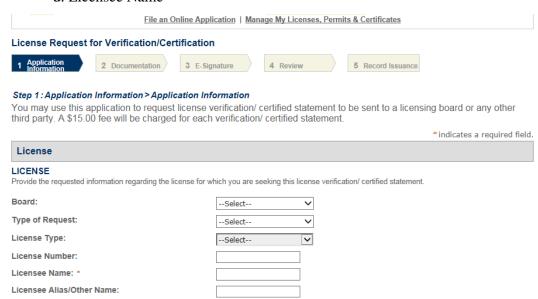


## Commonwealth of Massachusetts Division of Professional Licensure BOARD OF REGISTRATION OF ALLIED HEALTH PROFESSIONALS

## Instructions on submitting an online verification request

- 1. Log in to your account or create an account on the ePLACE Portal.
- 2. Click on the Manage Licenses, Permits, Certificates.
- 3. File an online application (accept terms).
- 4. Select the Board for your license (Allied Health).
- 5. Click on "License Request for Verification/Certification" and select continue.
- 6. Select appropriate information in drop down menu:
  - a. Type Request
  - b. License Type
  - c. License Number
  - d. Licensee Name



- 6. Enter Requestor Information.
- 7. List any special instructions if applicable.
- 8. Please upload your Certificate of Regulatory Board Request Form to the documents section.
- 9. Review information for final submission
- 10. Pay \$15 Verification with debit or credit card (\*Please be advised that there is an additional processing fee for online payments)